

## CAMP FORMAT

This six week camp will run from June 1st through July 9th, 2021. There will be five sessions per week, M-F, with each session running approximately 1 1/4 hours in length. Each session will be broken down into three training periods. Athletes will be grouped by age and development.

## GENERAL INFORMATION

1. We will use a 15 to 1, athlete to rehab staff member ratio
2. We will use basic equipment (cones, hurdles, ladders, etc.) so this program can be transferred and reproduced at your school.
3. Testing procedures will be simple so that they will be easy to reproduce at your school.
4. We expect athletes to work hard as this is not designed just for fun.
5. Camps will be run outdoors unless affected by weather at which time the phone number you provide will receive a text informing of any pertinent changes to the location or schedule.
6. Football and soccer cleats are encouraged to be worn when outside due to many drills being performed on a grass surface.
7. Awards based on performance, attendance, etc will be given at the end of camp.



## FRANCISCAN HEALTHCARE REHABILITATION

430 N Monitor  
West Point, NE 68788

## CONTACT DETAILS

Phone: (402) 372-2372



**2021**

## SPORTS ENHANCEMENT PROGRAM

**JUNE 1ST THROUGH JULY 9TH**

Presented by the Franciscan Healthcare  
Rehabilitation team:

**Jeff Kirchmann, PT, DPT, CSCS-** Doctor of Physical  
Therapy, Certified Strength and Conditioning Specialist



Franciscan  
Healthcare



# CAMP MISSION

Speed, Quickness, Agility, and Power are common terms in athletics, but how do we develop them?

Our camp is designed to teach these skills to student-athletes from grades 7 through 12 in a program that can be used year-round.

Most sports are explosive by nature, but many athletes' conditioning programs are not based on explosive drills. They are not training with the specificity needed to improve competitive skills. Our program has been designed to help the student-athlete develop these skills to their fullest potential.

## GOALS OF CAMP

1. **Reduce** the number of injuries that athletes incur.
2. **Increase** the understanding and importance of incorporating flexibility and injury prevention to optimize athletic performance.
3. **Educate** athletes and coaches on all aspects of strength and conditioning
4. **Utilize** strength training and conditioning test protocols to improve results.
5. **Give** athletes and coaches information and school testing results that they can use to develop year round conditioning programs.
6. **Help** athletes reach their full potential.



## CAMP DATES

June 1st through July 9th 2021

## CAMP TIMES

Mon-Fri 7:00 AM- 8:15 AM

## CAMP LOCATION

GACC Practice Field

## CAMP COST

The cost of the camp is \$100 per athlete and includes camp T-shirt, other Franciscan Healthcare merchandise, and pre/post camp testing.

## CAMP STAFF

The camp will be run by members of the Franciscan Healthcare Rehabilitation department.



## REGISTRATION

NAME: \_\_\_\_\_  
AGE/ENTERING GRADE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
SCHOOL: \_\_\_\_\_  
SHIRT SIZE: S \_\_\_ M \_\_\_ L \_\_\_ XL \_\_\_ XXL \_\_\_

Please return this form with \$100 registration fee by May 14, 2021. Registration form and fee must be sent together. Make checks payable to Franciscan Healthcare.

### WAIVER AND RELEASE

I \_\_\_\_\_ hereby waive and release any and all claims, demands, and causes of action which I may have, or anyone may have through me against Franciscan Healthcare Rehabilitation, and/or \_\_\_\_\_ school for any injuries that I may incur arising out in any way at the school during the following dates of June 1, 2021 through July 9, 2021. I further understand and acknowledge that neither Franciscan Healthcare Rehabilitation nor the school shall have any responsibility or liability for lost, damaged, or stolen personal property. I hereby grant Franciscan Healthcare the right and authority to photograph, film and/or record me vocally. These records may be used for promotional or publicity purposes and may be published in mass media publications, on the Franciscan Healthcare intranet or internet sites, or shown on television or movie presentations. The participant's and family's name may be used. This release is effective until revoked in writing by the undersigned.

Participant: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Parent  
Or legal Guardian: \_\_\_\_\_  
(if participant is a minor)  
Phone number  
to be notified of schedule changes: \_\_\_\_\_